Speaker's table the Senate bill (S. 1895) to temporarily extend the programs under the Small Business Act and the Small Business Investment Act of 1958 through March 15, 2004, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the Senate bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

The Clerk read the Senate bill, as follows:

S. 1895

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. EXTENSION OF PROGRAM AUTHORITY.

(a) IN GENERAL.—Any program, authority, or provision, including any pilot program, authorized under the Small Business Act (15 U.S.C. 631 et seq.) or the Small Business Investment Act of 1958 (15 U.S.C. 661 et seq.) as of September 30, 2003, that is scheduled to expire on or after September 30, 2003 and before March 15, 2004, shall remain authorized through March 15, 2004, under the same terms and conditions in effect on September 30, 2003.

(b) EXCEPTION.—Notwithstanding subsection (a), section 303(g)(2) of the Small Business Investment Act of 1958 (15 U.S.C. 683(g)(2)) is amended by striking ''1.38 percent'' and inserting ''1.46 percent''.

The Senate bill was ordered to be engrossed and read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

ANNOUNCEMENT OF INTENTION TO OFFER MOTION TO INSTRUCT CONFEREES ON H.R. 2660, DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2004

Mr. MARKEY. Mr. Speaker, pursuant to clause 7(c) of House rule XXII, I hereby notify the House of my intention tomorrow to offer the following motion to instruct on House conferees on H.R. 2660, the fiscal year 2004 Labor-HHS-Education and Related Agencies Appropriations Act.

The form of the motion is as follows:

Mr. MARKEY moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the Senate amendment to the bill H.R. 2660 be instructed to recede to the Senate funding level for the Low Income Home Energy Assistance Program (LIHEAP).

□ 1900

ANNOUNCEMENT OF INTENTION TO OFFER MOTION TO INSTRUCT CONFEREES ON H.R. 2660, DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2004

Mr. POMEROY. Mr. Speaker, pursuant to clause 7(c) of the House rule XXII, I hereby notify the House of my intention tomorrow to offer the following motion to instruct House conferees on H.R. 2660, the Departments of Health and Human Services, Education, and Related Agencies Appropriations Act of 2004.

The form of the motion is as follows:

I move that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the bill, H.R. 2660, be instructed to agree a level of $8,410,000,000 for the Limitation on Administrative Expenses of the Social Security Administration, as proposed by the Senate.

MOTION TO INSTRUCT CONFEREES ON H.R. 1, MEDICARE PRESCRIPTION DRUG AND MODERNIZATION ACT OF 2003

Mr. INSLEE. Mr. Speaker, I offer a motion to instruct.

The Clerk read as follows:

Mr. INSLEE moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the Senate amendment to the bill H.R. 1 be instructed as follows:

(1) To reject the provisions of subtitle C of title II of the House bill.

(2) To reject the provisions of section 231 of the Senate amendment.

(3) Within the scope of conference, to increase payments by an amount equal to the amount of savings attributable to the rejection of the aforementioned provisions to—

(A) raise the average standardized amount for hospitals in rural and other urban areas to the level of the rate for those in larger urban areas; and

(B) to raise the physicians' work geographic index for any locality in which such index is less than 1.0 to a work geographic index of 1.0.

(4) To insist upon section 601 of the House bill.

The SPEAKER pro tempore (Mr. OSE). Pursuant to clause 7 of rule XXII, the gentleman from Washington (Mr. INSLEE) and the gentleman from Florida (Mr. BILIRAKIS) each will control 30 minutes.

The Chair recognizes the gentleman from Washington (Mr. INSLEE).

(Mr. INSLEE asked and was given permission to revise and extend his remarks.)

Mr. INSLEE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, we are bringing a motion today on this most important of issues in an effort to give seniors what they deserve, which is a real guaranteed prescription drug benefit under Medicare. Unfortunately, unless we pass this motion, or some equivalent motion, the generation that fulfilled their duties on Iwo Jima, that is The Greatest Generation, will not get a first class double-A rated guaranteed prescription drug benefit under Medicaid. They will get something approaching the flimflam that they have had for so long from the United States Congress.

Mr. Speaker, we are here to offer a motion which will boldly instruct the conferees to cure both a sin of commission and a sin of omission in their plan. Now, let me address those sins of commission and omissions.

First, there are multiple sins of omission from the proposal of the conferees we have heard to date, one of which is their abject and total failure to do anything for America's senior citizens to restrict the incredible rise in drug prices they have been experiencing. And, Mr. Speaker, certain other motions will address that issue. But it is amazing to me that at the moment in time when our seniors are yelling, and justifiably so, about the incredible rise in their drug prices, that not only does this conference report refuse to do anything affirmative about it, it has actually shackled Uncle Sam from doing anything about it and from negotiating better drug prices. That is a sin of omission that other motions have dealt with.

Mr. Speaker, this motion deals with two other fundamental ones that need to be remedied. One is to prevent this conference report from driving a dagger through the heart of Medicare by privatizing this entire system, which this conference report would result in as sure as God made little green apples. And it would do so slowly but surely by this nefarious plan to force every single senior citizen to either accept a privatized system in the morass of the insurance industry, or to accept essentially higher premiums and less coverage. That is a sin of commission.

But there is a sin of omission as well that our motion would cure, and that is the fact that we are not providing adequate reimbursement to physicians, to providers, to nurses, to physical therapists, to oncologists who treat our senior citizens. And as a result of these low payments, as a result of these low payments now in the State of Washington, over 50 percent of the physicians are no longer taking new Medicare patients. Why not? They cannot afford to under the reimbursement rates. And are we fixing this problem in this bill? No.

Over 50 percent of the people in the State of Washington now go to try to get their physicians and they are not being accepted. And, frankly, a prescription drug benefit that does not solve this problem is not going to be a solution to the problem. It does no good to have a prescription drug benefit if you cannot get into a physician to have a prescription written for you. Half the doctors in the State cannot afford to do it right now, because under the Republican plan, in order to fund the tax cuts for Enron, we are adopting measures to screw down Medicare and to screw down benefits over the long term under the Medicare system.

Now, there is a tricky little effort that slowly but surely will accomplish former Representative Newt Gingrich's great dream, which is to see Medicare wither on the vine. And it will accomplish it by saying a few years out from now, people who want to stay in the Medicare system to get a guaranteed benefit would be forced either to go into a privatized system at the whim of the insurance industry or accept less

effective coverage from Medicare. How do I know that? Well, I know that because the experts in the field have evaluated it.

Let me just quote two fellows. Henry Aarons of The Brookings Institution, and CBO Director Robert Reischauer, two people who essentially were the originators of the idea of premium support, because in the right circumstances perhaps it would have some justification. They said the GOP plan could result in Medicare experiencing a ''death spiral,'' and said that it is too risky to adopt. And the reason they said that is that the authors of this plan, the people who have been trying to shrink Medicare since it started in the 1960s, and who actually tried to prevent it from starting in the first place, know that under their plan what will happen is that private insurance companies will cherry pick the healthiest among Americans. And as they cherry pick the healthiest Americans, they will leave the sick in Medicare, who will have to pay higher premiums under this nefarious proposal.

Mr. Speaker, this motion will instruct the conferees to come back without that provision, without that little thing that is the poison in this little trap for our senior citizens. That is why we have people calling every single office in Congress urging us not to adopt this for our senior citizens, because they are not going to be snookered by this plan.

Mr. Speaker, I yield 3 minutes to the gentleman from Washington (Mr. MCDERMOTT), who is a great physician from Seattle.

(Mr. MCDERMOTT asked and was given permission to revise and extend his remarks.)

Mr. MCDERMOTT. Mr. Speaker, I only want to make two points. The reason that this is a bad bill is that it does not take into account what is in the common good. The idea of Medicare is that everybody pays into the pot and then, if God forbid you get sick, you take money out to pay for your health care. Everybody in the United States who is over 65 is covered. Everybody gets the same benefits. It does not make any difference where you live, Alabama, Arizona, or wherever, you get the same benefits. And what this bill does is change the basic concept.

What this bill says is we are going to guarantee that you have enough money individually as Americans to go out and buy your own bill. Now, everybody who is 65 and older in this country is not in the same health status, and they are going to get different coverage depending on their health status, depending on where they live, and how much money it costs in their area. Everybody is going to get something different. And the fairness in this program will be gone. Now, that is the first thing that is wrong with this; that we have taken away the idea of a common good, where we take care of each other.

Now, they will say, oh, but you can stay in the old Medicare program. Let me tell you what is wrong with that. What they say is that the old Medicare program has to compete with these private insurance companies. So if you do not want to take your voucher and go out to a private insurance company, you can stay in the old Medicare program. Now, we have already heard my colleague, the gentleman from Washington (Mr. INSLEE) say that the insurance companies, in meeting the enrollment criteria for their program, they will find some way to figure out where the healthy old people are. They are not going after the 95-year-old mother that I have living in a retirement home in Seattle. They will not be going and recruiting her to get into their health care plans. They want to leave her over here with this bunch.

Now, what will happen is the old and the sick will be over here and the young and the healthy will be on this side. And, of course, the costs will be less over here. So if this side has to compete with that side, and the costs are higher, they are going to stick the ones who stay in the old health care, in the old Medicare, with higher premiums. So not only is my mother not going to have the same benefits, she is going to get a higher premium. I, because I am younger and in better shape than she is, will be on this side, and I will get a deal with some insurance company, and I will do much better than my mother.

Is that fair? Is that what we want to do? Do we want to separate out the healthy old people from the sick old people and say to the sick ones, well, you are kind of on your own, folks. Hope it works out. Hope you have some kids to pick up the difference. Because my mother has four kids to help her, but not everybody has four kids to help them. So you are setting up a situation where you are saying to grandma, here is your voucher, good luck.

Vote ''no'' tomorrow.

Mr. Speaker, I want to talk about the Medicare bill that we will soon consider. This is one of the most important bills in the 16 years I have been in the Congress because we are dealing with an issue that is about the question of what is in the common good.

The way Medicare works is, everyone pays money into the pot, and if someone gets sick, then their health care is paid for. So the only people who cost money are those who get sick and need health care.

Nobody wants to get sick, but it's good to know that Medicare is there to take care of us.

But if we allow this Medicare plan to go into effect, the Republicans would change Medicare into a voucher system, where seniors pay private insurance companies to provide them with health care coverage.

And if we use private, for-profit health insurance, we—the government and the taxpayers—are going to pay them money every single month to ''cover'' our seniors, but not necessarily to provide health care. Because if somebody does not get sick or use health care, the insurance company keeps the money. So the insurance company has every reason to not provide health care and every reason to want to get only the healthiest among us in their plan.

And that will leave us in the situation where we're paying insurance companies to do little, and they will leave the oldest and sickest Medicare beneficiaries in the traditional Medicare plan.

Now, it gets even worse. Because the Republicans want the oldest and the sickest to pay more. They want traditional Medicare to ''compete'' with these private insurance companies based on their costs. But we know the insurance companies will get the cheapest people into their plans. They'll advertise at health clubs, at the top of the stairs. They've done this before; they're good at it.

So for those who stay in traditional Medicare, their premiums will go up because the insurance companies will only target and recruit the people who wouldn't use health care. The Republicans will let the insurance companies take just who they want and leave the most vulnerable amongst us on their own.

We already know this will happen, because this is exactly what happened before. Back in 1997, we set up this big program, ''Medicare plus Choice''. The Republicans believed then, as they do now, that it would be better to break Medicare up into private managed care plans—to put everyone in an HMO. They said it would be cheaper, and better.

Well, we know what happened. Every year since the Medicare Plus Choice plans came into existence, they have pulled out and left seniors scrambling back into traditional Medicare. In 1999, there were about 7 million people in these M+C plans. Now there are about 4.6 million people in these plans. So nearly 3 million seniors have already been abandoned by these private plans.

But the plans were happy to take our money first.

We know the private plans take the healthiest seniors, and we know that these people would be cheaper to insure if they stayed in traditional Medicare.

We know that these very healthy seniors are 16 percent less costly. These are the healthy people the private plans are trying to get. And the insurance companies are making money on them, hand over fist. They are either making a ton of money for doing nothing, or they are so inefficient that they are losing this 16-percentage point spread. Either way, they aren't very good for us.

In their new plan, the Republicans throw even more money to the insurance companies. The insurance companies will be paid even more per person then they already get, probably 10 t0 15 percent more. And we know how these plans operate, they will do their best to get the healthy folks in, the ones they can make money on.

And for those who want to stay in traditional Medicare, the price per person is going to go up, so they are going to raise the premium on anybody who stays in the regular program. This is not thinking about the common good. It is wrong, it is un-American, and it is undermining the whole concept of Medicare.

Republicans have tried for many years to shift Medicare away from a program of real benefits to a voucher program. This time around, the Republicans call this a ''demonstration project,'' they say it will just be a test. But it could involve 6 million or more seniors, and could be expanded to cover the whole country after six years. And this ''demonstration'' is not something you can volunteer for, or decide not to do—if they pick your city,

you're in, whether you like it or not, you're a guinea pig.

Don't be fooled. This is not an experiment, this is not a test—this is the first step towards privatizing Medicare, pushing all our seniors into the private market and telling them to make it on their own. This is not insurance, this is throwing them to the wolves.

The Republican plan to use the promise of much-needed prescription drug coverage in order to push their agenda of privatizing Medicare is just wrong. We can't do this to our seniors. We can't just give them all a voucher and say, ''good luck finding coverage, good luck finding something you can afford.''

And, just in case you're wondering if this is all, here are a few more things wrong with their Medicare bill:

1. Millions of seniors will lose their existing—and better—retirement benefits. Companies will use Medicare providing a drug benefit as an opportunity to eliminate coverage they currently provide for their retirees. At least 2 million Medicare beneficiaries will lose their current benefit, which is almost certainly better than the scant coverage provided under this plan. This will make these beneficiaries worse off.

2. The drug coverage provided is weak and inconsistent. Seniors will pay a premium of at least $35 a month, and many will pay more into the program than they will get back.

The Republican plan contains a large coverage gap—after $2,200 in total costs, there is no coverage until a senior has paid $3,600 out of pocket, and purchased $5,044 worth of prescription drugs.

This means that of the first $5,000 a person spends, only $1,000 of it will come from their insurance. They will pay $4,000 of it on their own. This is not much of a benefit.

This means that seniors who spend more than $180 per month on medications will have many months in the year when they pay 100% of their drug costs but will still pay a premium every month.

Seniors will only be eligible for drug coverage through private insurance companies that will have wide latitude in setting premiums and deductibles.

Private insurance companies will also be able to make decisions about which drugs are covered, as well as which pharmacies seniors can use.

3. This bill is designed to protect an increase drug companies' and insurance companies' profits.

The pharmaceutical industry will reap about $140 billion in profits over eight years if this bill becomes law.

The bill explicitly prohibits the Secretary of Health and Human Services from negotiating lower drug prices on behalf of America's 40 million Medicare beneficiaries.

And, the bill does not allow Americans to import drugs from countries where prices are lower.

Insurance companies receive tens of billions of dollars in subsidies to take Medicare's business.

We take the risk and the insurance companies take the profits. If insurance companies lose money on Medicare, this bill says we, the government, will pay for it.

4. Their ''Cost-containment'' measure is designed to hurt Medicare beneficiaries and providers. Under their plan, Medicare's financing will be unstable and under assault. If general tax revenues account for more than 45 percent of Medicare spending, Congress would have to consider cost-control measures. We know this will probably happen by 2016, or even earlier. Congress could reduce benefits, increase beneficiary premiums, raise payroll taxes or reduce payments to providers.

Mr. BILIRAKIS. Mr. Speaker, I yield myself such time as I may consume, and I rise in opposition to the motion to instruct offered by the gentleman from Washington (Mr. INSLEE).

Mr. Speaker, I would say at the outset, through the Chair, that the only air of omission is that the gentleman's party was in charge so very many years did not see fit to decide that prescription drugs were necessary for our poor seniors. Now, all of a sudden, when the Republicans are doing it, they are taking issue with it.

This motion to instruct, Mr. Speaker, no longer serves any purpose, no longer serves any purpose, since a bipartisan group of Medicare conferees has already reached, as the gentleman knows, reached an agreement that will greatly improve the Medicare program, and most notably through the addition of a long-awaited prescription drug benefit.

□ 1915

In fact, I can assure the gentleman from Washington (Mr. INSLEE) that the provisions he seeks to strike in his motion to instruct were not included in the bipartisan Medicare conference agreement.

Additionally, the three positions that the gentleman is advocating, insuring that all hospitals receive the large urban standardized rate, that there be a floor on the work component on the physician fee schedule, and that the conference report include increases in reimbursements to physicians, are all already in the conference report.

I have led the opposition to a number of motions to instruct Medicare conferees over the past couple of months; and in doing so, I continually urge my colleagues to allow the bipartisan negotiations that I was a part of to play out. As Members know, these negotiations have run their course, and the result is a bipartisan agreement that is endorsed by a number of organizations, including the AARP.

That is why this motion no longer has any meaning, Mr. Speaker. It seeks to strike provisions not included in the final agreement and direct these nonexistent funds towards provider-payment increases that are already included in a bipartisan Medicare conference agreement.

In fact, the American Medical Association has strongly opposed previous motions to instruct that attempt to move money from patients to providers. In fact, the AMA forwarded me a statement earlier this week in response to a motion which took place, I believe, a couple of nights ago to instruct that said it strongly opposes the Berkley motion to instruct and urges Congress to pass the pending Medicare conference report before we adjourn.

I support reimbursing physicians and hospitals fairly for the valuable services they provide. I have been particularly passionate about fixing the formula that the Centers for Medicare and Medicaid use to annually update Medicare physician payments. In fact, I introduced a bill in late 2001, I believe it was jointly with the ranking member of my Subcommittee on Health, the gentleman from Ohio (Mr. BROWN), that would have prevented the 5.4 percent cut in physician reimbursements under Medicare that went into effect in 2002.

Physicians were slated to receive another cut, this time a 4.4 percent, if not for congressional action that corrected flawed data in the update formula and provided physicians with a 1.6 percent update for 2003.

However, persistent flaws in the update formula mean that physicians are looking at a 4.5 percent cut next year and further negative updates through 2007. It makes no sense, does it, that we would be cutting payments to our Nation's doctors at the same time their costs are rising. That is why the bipartisan Medicare conference agreement contains provisions that will ensure that physicians see their reimbursements under Medicare increased by 1.5 percent in fiscal years 2004 and 2005. Rather than the 4.5 percent cut, we are talking about a 1.5 percent increase, a 5.9 percent swing.

This will provide Congress with the time that it needs to make long-term reforms to the Medicare physician payment update formula so that physicians can count on predictable, rational payments from Medicare; and it will also avoid a major physician access problem for Medicare beneficiaries.

I would note that a number of organizations representing America's health care providers, including the American Medical Association, the American Osteopathic Organization, the American Hospital Association, and the Federation of American Hospitals, all strongly support the bipartisan Medicare conference agreement.

Mr. Speaker, over the past few months, I have had to listen to an awful lot of rhetoric about how Congress was privatizing Medicare or implementing a voucher system or handing Medicare over to the HMOs. That was not true then, and it certainly is not true now. What the bipartisan Medicare conference agreement does do is improve the Medicare+Choice program and set up a new system that will encourage regional plans to offer seniors another choice besides traditional Medicare.

It is a voluntary thing. Seniors can choose to retain traditional Medicare, something that they are accustomed to, something I would recommend to my parents if they were still alive, retain it and then go ahead and purchase a private drug prescription plan to add to it. It is my hope that this will extend new choices to folks in rural areas who have not had a choice in Medicare before.

The bipartisan Medicare conference agreement also includes a limited pilot project that will test a new system that could help put Medicare on sound financial footing for future generations. It is a pilot program. I think conferees came to a solid compromise. It is bipartisan, and it will help us fulfill our promise to America's seniors, and that is why I am so pleased that AARP strongly endorsed this agreement.

I can attest to the gentleman that a bipartisan group of conferees worked around the clock to reach this compromise. Soon Congress, I suppose tomorrow, will vote on a conference report that will add a new prescription drug benefit that will be available to all Medicare beneficiaries and that will provide seniors with new choices under Medicare and will reimburse our health care providers, including physicians, fairly so that beneficiaries will continue to have access to high-quality care; and I would also throw in at this point that under this bipartisan Medicare conference agreement, as under the original House-passed bill, seniors retain complete freedom to choose a private plan or to remain, as I have already said, in the traditional fee-for-service program. Medicare will continue to offer every beneficiary access to Medicare's defined benefit.

I hope Members will join me in supporting the conference report tomorrow and rejecting this motion to instruct which is meaningless because the conference agreement has already taken place.

Mr. Speaker, I reserve the balance of my time.

Mr. INSLEE. Mr. Speaker, I yield 1 minute to the gentleman from Ohio (Mr. STRICKLAND).

Mr. STRICKLAND. Mr. Speaker, I would just like to take a moment and direct a question to the gentleman from Florida (Mr. BILIRAKIS). The gentleman has said over and over in his statement that this was a bipartisan conference report. I ask a question: Was any House Democratic Member included in the conference negotiations? Were any of the Democrats included in the conference negotiations?

Mr. BILIRAKIS. Mr. Speaker, will the gentleman yield?

Mr. STRICKLAND. I yield to the gentleman from Florida.

Mr. BILIRAKIS. Mr. Speaker, every House Democratic Member who showed an interest in having a piece of legislation rather than an issue in November was invited into this coalition. It was bipartisan because there were two Democratic Senators who did have enough dedication who wanted to have a bill who were invited to participate, and I am here to tell Members that their comments and their recommendations probably took up 50 percent of the time over a period of months.

Mr. STRICKLAND. But the gentleman from Florida knows that our appointed conferees were the gentleman from New York (Mr. RANGEL), the gentleman from Michigan (Mr. DINGELL), and the gentleman from Arkansas (Mr. BERRY), and those three individuals were not included in the negotiations. I do not understand how the gentleman can stand and say to the American people that this was a bipartisan effort. It was not. Our Members were shut out of these negotiations.

Mr. INSLEE. Mr. Speaker, I yield 2 minutes to the gentleman from Wisconsin (Mr. KIND).

Mr. KIND. Mr. Speaker, I thank the gentleman from Washington (Mr. INSLEE) for yielding me time on this important motion. I commend the gentleman for this motion and for his efforts on the prescription drug bill that we have before us tomorrow.

This motion speaks to a fundamental problem that has existed in rural America in particular for many, many years; and coming from western Wisconsin, the Third Congressional District that I represent, I have devoted a lot of my time to try to deal with the inadequacies of Medicare reimbursement that have adversely affected my rural hospitals.

This motion would ask for raising the average standardized amount for hospitals in rural areas, as well as raise the physicians' work geographic index. Why is this important? Well, rural hospitals have been suffering for a long time. Sixty percent of the rural hospitals in my district and throughout the country are not receiving adequate Medicare reimbursement to cover the costs of treating Medicare recipients. Over the last 25 years, we have lost 475 rural hospitals which have gone out of business, partly due to the fact of the inadequacy of the Medicare reimbursement formula.

On average, my rural hospitals receive about 25 percent less than the average Medicare reimbursement throughout the country. This is a serious issue that needs serious attention.

The bill before us tomorrow I feel has a very good provider aspect with it, but the provider aspect is paid for. There are offsets found in the budget in order to pay for that. One of the chief concerns I have with the Medicare bill that is going to come before us tomorrow is there is no cost containment, and these costs are going to explode in future years. As a way of dealing with the rising prices of prescription drugs, one is allowing generics to enter the market on a competitive basis when the patents on brand-names expire. Another is to allow the Federal Government to negotiate prices with the pharmaceutical companies, even though there is specific language in this bill that specifically prohibits any price negotiation. Finally, is to allow the reimportation of FDA-approved drugs in a country like Canada back into the United States, something that many of my seniors in Wisconsin are already doing.

Mr. Speaker, if we are concerned about the costs of this bill, we would implement these practical measures. The easiest thing to do in the world of politics is to pass a bill we do not pay for and stick it to our kids and our grandchildren in future years, and that is exactly going to be the outcome of this bill tomorrow if we do not come to grips with the cost factor of rising medications.

Mr. BILIRAKIS. Mr. Speaker, I yield myself 1 minutes.

Mr. Speaker, to respond to the gentleman's statements, the regulatory reform portion of this bill, the electronic prescribing portion of this bill, the medication therapy management portion of this bill, and many of the provider issues were worked out on a bipartisan basis by all of the staffs, even prior to the conference. They were not discussed as part of the conference because they were already worked out. I just wanted to point that out.

Mr. Speaker, I yield such time as he may consume to the gentleman from Georgia (Mr. GINGREY).

Mr. GINGREY. Mr. Speaker, I thank the gentleman for yielding me this time.

Mr. Speaker, once again we are debating a motion to instruct Medicare conferees. I find it odd that we are doing so after a bipartisan group of Medicare conferees has reached an agreement that has been strongly endorsed by numerous organizations, including AARP and 35 million seniors.

This motion to instruct conferees, as the gentleman from Florida (Mr. BILIRAKIS) said, like so many that the minority has offered before, serves no useful purpose in this debate. It is a solution in desperate search of a problem. They are simply political tools used in a desperate attempt to divert attention away from the fact that the Republican House will, in a matter of days, deliver on its commitment to providing seniors with access to meaningful, affordable, and comprehensive prescription drug coverage.

Mr. Speaker, I support properly reimbursing physicians and hospitals. The House bill does that, as does the bipartisan Medicare conference agreement, which is why it is supported by a number of organizations, including the American Medical Association, the American Hospital Association, and the Federation of American Hospitals.

I also believe it is a false choice to suggest that we need to choose between properly reimbursing providers and finding a way to ensure Medicare's long-term financial viability, because this bill does both. The AMA agrees with me, and here are some of its thoughts on a motion that was offered earlier this week by the gentlewoman from Nevada (Ms. BERKLEY).

□ 1930

''The American Medical Association strongly supports passage of the Medicare prescription drug conference report, which currently includes historic and critical provisions for improving choice and access for Medicare seniors and disabled patients.

''In addition, the conference report would halt 2 years of impending Medicare payment cuts to physicians and other health professionals and replace these cuts with payment increases of at least 1.5 percent per year.

''Because the Medicare conference report includes these critical provisions for improving choice and access, the AMA strongly opposes the Berkley motion to instruct and urges Congress to pass the pending Medicare conference report before they adjourn.''

Let me just say this, Mr. Speaker. If the gentleman from Washington is serious about wanting to help our Nation's providers, let me suggest and urge to him to reconsider his opposition to medical liability reform legislation, tort reform, such as H.R. 5, the HEALTH Act, a bill that was strongly supported by the American Medical Association. Mr. Speaker, I am sure that the physicians in the State of Washington would be very appreciative of that support.

While we should all be pleased about the fact that we are about to provide our seniors with Medicare prescription drug coverage, I would note for my colleagues that spending on Medicare is projected to nearly double over the next decade just as our baby boomers begin to retire. Social Security, Medicare and Medicaid currently comprise more than 40 percent of the Federal budget. By the year 2030, the General Accounting Office estimates that these three programs, once again Social Security, Medicare and Medicaid, could consume 75 percent of the Federal budget if we make no changes and we keep Medicare as we know it. This level of entitlement spending is unsustainable and it will crowd out other essential functions of government. Reforms must be made to ensure that Medicare continues to exist for future generations, the children and the grandchildren that the gentleman from Washington was talking about. As we add a $400 billion drug benefit to a program that already has $13 trillion in unfunded liabilities, we must enact real reforms that will place the program on sound financial footing for the future.

To modernize Medicare and ensure its long-term fiscal viability, the bipartisan Medicare conference agreement will provide for a limited pilot project that will help test to see if the competitive reforms included in the House bill will help to ensure the long-term viability of this program. Under the bipartisan Medicare conference agreement as under the original House-passed bill, seniors retain complete freedom to choose a private plan or remain in the traditional as we know it fee-for-service program. Medicare will continue to offer every beneficiary with access to Medicare's defined benefit.

Mr. Speaker, I strongly support the bipartisan Medicare conference agreement which we will soon consider on the House floor. This motion to instruct no longer serves any purpose and the gentleman from Washington knows that. Indeed, the provisions relating to Medicare competition that the gentleman references in his motion are not even part of the final conference report.

I urge my colleagues to join me in rejecting this motion to instruct and supporting in a bipartisan fashion the final Medicare conference agreement.

Mr. INSLEE. Mr. Speaker, I yield myself such time as I may consume.

I appreciate the gentleman's advice, but we take it with not great credence from a group that have run us up into a $500 billion deficit because of their fiscal irresponsibility. So I appreciate the gentleman's advice, but I do not think it is going to have a lot of sway with the American people from a group that has given us the largest deficits in the universe's history.

Mr. Speaker, I yield 2½ minutes to the gentleman from Ohio (Mr. BROWN).

Mr. BROWN of Ohio. I thank the gentleman from Washington for yielding time.

Mr. Speaker, night after night we come down here. We talk about Medicare. I hear my friends on the other side of the aisle over and over say that of course they care about Medicare, that they believe in it. I know the gentleman from Florida (Mr. BILIRAKIS) does, because I have worked with him regularly. But I also know that his leadership does not. All you have got to do is look at the Republican history of Medicare. In 1965, when Medicare came in front of the United States Congress, when the creation of Medicare happened and President Johnson signed it, July 1965, only 13 out of 140 Republicans in this body voted to create Medicare. The other 127 voted no. Gerald Ford voted no; Bob Michel voted no; John Rhodes voted no; Bob Dole voted no; Senator Strom Thurmond voted no; and Donald Rumsfeld voted no.

The first time in these years since 1965 when the Republicans actually could weaken Medicare, they tried to. Newt Gingrich, the new Speaker of the House in 1995, the first thing he did was proposed to cut $270 billion from Medicare in order to give a tax cut to the most privileged people in this society. Speaker Gingrich said, ''We don't want to get rid of Medicare in round one because we don't think that's politically smart, but we believe it's going to wither on the vine.''

Bob Dole, who had been around 30 years earlier to try to defeat Medicare, bragged to a conservative group in 1996, ''I was there fighting the fight trying to stop Medicare from happening.'' They are not the only ones. JOHN LINDER told the House Rules Committee he did not like Medicare because it was a Soviet-style program. Dick Armey, former majority leader, said he did not like Medicare. He said, ''It's something you wouldn't have in a free society.'' And Bill Novelli, the AARP CEO, wrote a preface to Newt Gingrich's book calling him a big idea person because of his efforts to privatize Medicare. Bill Novelli, making $700,000 a year working for the insurance company that we call AARP. AARP has made, according to the Milwaukee Journal and Capital News Services, literally $100 million a year from insurance sales, that organization. Sure they endorse this bill because that organization is going to make tons of money in the insurance business.

But the fact is my friends on the other side of the aisle simply do not like Medicare. They voted against its creation and every single time they have had a chance, they have done what they could to cripple it. They cut its funding, they try to privatize it, they take options away from seniors, all in the name of choice.

Mr. Speaker, the Inslee motion makes sense. Support the Inslee motion to instruct.

Mr. BILIRAKIS. Mr. Speaker, I yield such time as he may consume to the gentleman from Texas (Mr. BURGESS).

Mr. BURGESS. I thank the gentleman for yielding me this time.

Mr. Speaker, once again this was a bad motion earlier this week, it was a bad motion last week, it is a bad motion this week, and now it is irrelevant. It is irrelevant because the Medicare conferees have come to an agreement on these provisions. In fact, the final conference agreement does not even contain the Medicare competition provisions referenced in this motion.

The Medicare conference agreement has been endorsed by a number of organizations that would be directly affected by this motion to instruct conferees, such as AARP, the American Medical Association, and the American Hospital Association. So while the minority continues to try to score political points, and in fact they are just trying to scare people, the House is on the cusp of delivering a Medicare prescription drug bill to our Nation's seniors.

However, in the best interest of today's debate, let me describe what this motion intended to accomplish. It directs conferees to strip out important competitive reforms in the House and Senate-passed Medicare bills and redirect the funds toward increasing reimbursements for physicians and hospitals. This House certainly understands the importance of properly reimbursing physicians. That is why, unlike the Senate, the House included a provision that will provide physicians with positive payment updates in 2004 and 2005. This provision is included in the bipartisan Medicare conference agreement. While this is not a permanent solution, Mr. Speaker, it will provide Congress with the time it needs to make long-term, substantive changes to the Medicare physician payment update formula.

The bipartisan Medicare conference agreement also increases reimbursements for physicians practicing in rural areas as part of the most robust

Medicare rural package this Congress has ever considered. Finally, the conference agreement will ensure that all hospitals receive the large urban standardized rate which means billions of dollars in additional funding for our Nation's hospitals.

Mr. Speaker, it is not lost on me that the supporters of this motion are attempting to portray this as a choice between HMOs or doctors. It is a false choice and they know it.

One of the aspects of the conference report that will be presented later this week that I find particularly attractive is the enactment of health savings accounts, a far cry from yesterday's HMOs. But do not take my word for it. We were very fortunate today to have the president-elect of the American Medical Association here on Capitol Hill, Dr. John Nelson, an OB-GYN like the gentleman from Georgia (Mr. GINGREY) and myself. The American Medical Association last week when this motion to instruct was offered yet one more time said they strongly support the passage of the Medicare prescription drug conference report which currently includes historic and critical provisions for improving choice and access to America's seniors and America's disabled.

In addition to increasing Medicare reimbursements to our Nation's physicians, the bipartisan Medicare conference agreement also provides seniors with more choices under Medicare and will begin to test some long-term competitive reforms that will ensure that Medicare is available and on sound financial footing for generations to come. That is an important point. Let me stress it. Ensure that Medicare is on sound financial footing for generations to come. I want to emphasize that neither the bipartisan Medicare conference agreement nor the House-passed Medicare bill would ever require that Medicare beneficiaries leave traditional Medicare.

A traditional Medicare will have a new patient prescription drug benefit available to its beneficiaries. Anyone who says otherwise either does not understand this legislation or prefers to avoid the facts.

Medicare conferees have worked through some very difficult issues. We owe them all a debt of gratitude for what they have done. They have produced a consensus agreement that this House will vote on later this week. The time to offer irrelevant, meaningless motions to instruct is over. The time to provide America's seniors with a Medicare prescription drug benefit is now. I urge my colleagues to vote ''no'' on the motion to instruct.

Mr. INSLEE. Mr. Speaker, I yield myself such time as I may consume.

When this premium support kicks in, no senior in America will have any choice about the matter. You will be subject to a provision that you will have to pay more money out of pocket when the HMOs take the healthy people into the private sector and leave the rest of our senior citizens in the more expensive Medicare pool. The group that said that last July was the AARP which said it will require beneficiaries to pay even more out of pocket. One hundred percent of Medicare recipients will be subject to this provision. You have no choice whatsoever. And everybody in this Chamber knows it.

Mr. Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. RYAN).

Mr. RYAN of Ohio. Mr. Speaker, I have noticed as I sat here tonight and throughout this debate some contradictions in the arguments from the other side which has not been unusual in my short time here. We hear a lot about privatization. We hear a lot about how the free markets need to work. But I am a little confused when we want to free-trade pharmaceuticals. The same day we were sitting here passing free trade agreements with Singapore and Chile, we refused to free trade pharmaceuticals with Canada, to lower the prices here. The same day. Actually, it was early into the next morning. I am wondering where all the capitalists and free traders were for that vote. Now, we have pharmacy benefit managers who for the private insurance companies will be allowed to negotiate down the drug prices. But we are tying the hands of the Secretary of Health and Human Services and explicitly say he is not allowed to negotiate lower drug prices.

These are complete contradictions in the argument. We hear about smaller government and free trade is great and we need the private markets to work, we need to be able to allow the free markets to work, and they are not working because they are not allowed to work if somehow they are going to improve this program and allow the government to be able to run a program that will benefit all of the seniors who will be eligible. People think they are going to wake up and get a Christmas gift this year, and they are going to find out in the end they are going to get coal in their stockings.

Mr. BILIRAKIS. Mr. Speaker, I yield myself 1 minute to respond to a point just made by the gentleman from Washington regarding premium support because that was the point. I am reading from the AARP endorsement, this insurance company as it was referred to a few minutes ago:

AARP is pleased by the improvements made to the conference report in recent days. A new structure called premium support—their words—which required competition between traditional Medicare and private plans was downsized to a limited test starting in 2010 which has significant protections—their words—significant protections for those in traditional Medicare.

I should think they would know at least as much about this as many of you gentlemen over there do. The government will provide coverage in areas where private plans fail to offer coverage. The integrity of Medicare will be protected.

Mr. Speaker, I yield such time as he may consume to the gentleman from Kentucky (Mr. WHITFIELD).

□ 1945

Mr. WHITFIELD. Mr. Speaker, I am glad that we are having this debate this evening on such an important topic as Medicare. It is quite obvious that this bill is not an ideal bill. There are shortcomings in this bill. But this Congress for 5 or 6 years has been having discussions about providing a prescription drug benefit for senior citizens, and that is precisely what this legislation does.

The previous speaker talked about the importance of being able to reimport drugs from Canada. If we pass this bill, those seniors who need it most are not going to have to be concerned about the cost of medicine because if they want to, and the option is theirs, they do not have to, they can stay with the Medicare program they have today; but if they want to, they can come into this program, and if their income is 135 percent of the poverty level and below, they do not have to pay a monthly premium to participate. They do not have to pay any deductible to participate, and their only out-go would be a $1 co-pay for a generic drug, a $3 co-pay for a brand-name drug, and they can reimport all the drugs they want to; and it is not going to be less than that. So they are going to be better off under this program than they would be worrying about reimportation of drugs from Canada.

If they are 135 percent of the poverty level and higher, instead of paying a $1 co-pay, they are going to pay a $2 co-pay. Instead of paying a $3 co-pay for brand names, they are going to pay a $5 co-pay for brand names. And I can tell the Members, the 35 counties that I represent in rural western Kentucky, the senior citizens there are going to be delighted with this bill because most of them are going to be able to walk away and not pay a premium, not pay a deductible, but have a prescription drug program that they can afford. It is not the ideal bill. There are some shortcomings. There is no question about that.

I would also like to make this comment about this argument about privatization, which I think is frequently used to scare senior citizens, and I understand that. We all like to play that game. But I think it is important to know that under the existing Medicare program that has been in effect for all these years, HCFA already contracts with private companies in all 12 regions of this country to administer the program. So we are already dealing with private companies. There is nothing unusual about that. But it does sound good if they want to try to scare senior citizens. But overall I think this bill is a good beginning.

And I would make one other comment, although I certainly do not agree with Newt Gingrich on everything, but

people always talk about his comment of letting it wither on the vine. He was not talking about Medicare as a program. He was talking about HCFA, the entity that administers Medicare; and if people talk to any health care provider in this country, whether it be a physician, hospital, whatever, they will complain and express concern about the bureaucracy at HCFA on reimbursements, on all sorts of issues. I have had more than one town meeting in my district with health care providers complaining about the bureaucracy at HCFA. Obviously, HCFA is trying to do a good job, but Newt Gingrich's comment was simply about trying to modernize it to provide a better program, more efficient program, more productive program with a faster reimbursement for health care providers.

So, Mr. Speaker, I know it has been a difficult chore, and I know that the Democrats on the other side have contributed to this program. They have worked to help us devise a program that is a good starting point, and I think this is a good starting point, and I think the thing that really tells the story about this program, about this bill that we probably will be voting on tomorrow, is that the AARP, which is the premier senior citizen association in the country, is now endorsing this bill, it is my understanding. So I hope that we will vote against the gentleman from Washington's motion to instruct, and I hope that tomorrow we can pass this bill and provide our seniors with a prescription drug bill that they will be able to afford.

Mr. INSLEE. Mr. Speaker, I yield myself such time as I may consume.

AARP, that is the organization that also endorsed the catastrophic drug plan some time ago, that, when seniors found what was in it, rampaged and forced this Congress to repeal it. And, yes, seniors are concerned about this, and that is why they are calling us by the score in every one of our offices, and no doubt in yours too, because they understand when we tried to do this privatization experiment in the State of Washington for these profit-driven insurances companies that come in, tens of thousands of people without coverage were left without coverage when they left a year and a half later. It did not work. It is an experiment that already failed, and we are doing it again because people want to have Medicare wither on the vine.

Mr. Speaker, I yield 2 minutes to the gentleman from New Mexico (Mr. UDALL).

(Mr. UDALL of New Mexico asked and was given permission to revise and extend his remarks.)

Mr. UDALL of New Mexico. Mr. Speaker, I thank the gentleman from Washington (Mr. INSLEE) for his leadership on this motion to instruct, and it is badly needed because we can see from the other side how the deceptions flow out. We are hearing over and over here again about a bipartisan conference. The fact of the matter is, and they know it, that we were locked out of the conference. Absolutely unprecedented. Democrats locked out and a secret agreement crafted, which we most of us have not even seen yet. We have not seen it. But it is going to be rammed through despite the fact it is supposed to sit on the table here for 3 days at a minimum for us to study.

But this is a bad bill. It is a bad bill for seniors, and it is a bad bill for the future of Medicare. The key thing that a prescription drug bill should do is get control of the cost. This bill does not get control of costs in any respect. In fact, it has a prohibition in the bill that specifically says the Department of Health and Social Services, the agency that runs Medicare, cannot negotiate with the drug companies. I will bet the drug companies love that provision.

Also the House of Representatives passed a reimportation provision. Reimportation allows us in the United States to bring in the cheaper drugs where they are safely manufactured. But they did not want that in the bill; so they junked that also. So there is nothing in this bill to control costs, and we are headed down a road of creating a program which is going to bankrupt our grandchildren.

The only way, the only way we are going to get control of costs is allow the government, allow the government to negotiate. With that, let me urge all my colleagues to support the very wise motion of the gentleman from Washington (Mr. INSLEE).

Mr. Speaker, I rise today with great disappointment in the conference agreement that has been brought to the floor. I sincerely hoped that the bill that passed the House in July would have been moderated with provisions included in the other Chamber's bill.

Unfortunately, instead of considering legislation today that would have modernized the Medicare program to provide prescription drug cost relief and coverage for seniors throughout this great Nation, we have this agreement that is geared toward dismantling one of the most successful government programs ever implemented. Instead of considering legislation to modernize the Medicare formulas to fix the inequities between rural and urban areas, we are considering an agreement that wraps these crucial fixes in with a prescription drug benefit that is designed to achieve the ideologically extreme goal of privatizing Medicare.

I will certainly admit that the provider package included in this agreement is excellent. For years doctors, hospital administrators, and other health care providers have suffered under the unfair Medicare formulas that severely hampered their ability to provide care to Medicare beneficiaries. The labor share revision, the geographic physician payment adjustment, equalizing the Medicare disproportionate share payments, increasing home health services furnished in rural areas, critical access hospital improvements—these are all incredibly important provisions that I strongly support in order to help strengthen the health care system in rural areas. The physician fee formula update is another provision that is incredibly important. Without this fix, physicians will have no other choice but to stop seeing Medicare beneficiaries, which will lead to the total breakdown of a system that is already badly strained to its limits.

I recognize the importance of these provisions. I understand the difficulties that those in the health care industry are facing. I understand the difficulties seniors are facing in trying to purchase and pay for their medications. That is why I have cosponsored legislation to fix the disproportionate share provisions, I have cosponsored legislation to fix the Medicare physician payment updates, I have written letters supporting these provisions and urging Chairman THOMAS to include these rural fixes in the legislation, I have written a letter to conferees asking them to retain these provisions, and, when this bill passed in July, I voted in favor of the Democratic alternative that not only included stronger rural provisions than those included in the Majority's bill, but also contained a real prescription drug benefit—not a benefit engineered to bring about the demise of the Medicare program.

Let's be clear about what our goal was supposed to be. We were supposed to create a new prescription drug benefit in Medicare. That's what we were supposed to be doing with this important legislation.

Unfortunately, we are doing much more than that, and a lot of it is terrible. We were supposed to be reducing the costs of drugs for seniors. Yet this plan prohibits the federal government from using its clout to force down the price of medicine.

We were supposed to help seniors keep their current drug coverage if they are fortunate enough to have it. Yet this plan may force up to three million seniors out of their current employer-based plans.

We were supposed to be strengthening the Medicare program by adding a voluntary benefit for prescription drug coverage. Yet this plan, under the guise of a premium support demonstration, weakens the Medicare program by forcing beneficiaries to pay more for Medicare if they don't give up their doctor and join an HMO.

We were supposed to help low-income seniors who get additional assistance from Medicaid afford their prescriptions. Yet this plan not only forces 6 million low-income seniors to pay more for their medications, but also imposes an unfair assets test that disqualifies seniors if they have modest savings.

We were supposed to be providing a prescription drug benefit that would ease the cost and emotional burden seniors face in dealing with medication purchases. Yet this plan leaves millions of seniors without drug coverage for part of the year due to the $2800 gap in coverage.

Mr. Speaker, I am extremely disappointed with this agreement. I am disappointed because what should have been a straightforward approach took a wrong-turn along the way. I think this is a terrible way to spend $400 billion dollars on a supposed prescription drug benefit, and I will be forced to vote against this measure. I urge my colleagues to reject this shameless assault on Medicare.

Mr. BILIRAKIS. Mr. Speaker, I reserve the balance of my time.

Mr. INSLEE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON-LEE).

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the distinguished gentleman from Washington for yielding me this time, and I thank the gentleman from Florida (Mr. BILIRAKIS) as well.

There are several points that I think are very important this evening. I have heard the words, and I guess it was not ridiculous, but I heard the fact that this is an outdated motion, it is unnecessary, it is without timeliness. I beg to differ with my colleagues. If we can do anything to educate the American public and our colleagues who may not be here this evening about the failures and the fallacies of the legislation that we might see tomorrow, Mr. Speaker, if we could pass a real guaranteed Medicare prescription drug benefit and as well provide for our private hospitals and our doctors, this legislation would be passed 435 to zero. If we could actually do what we have debated and argued for almost 10 years through the Clinton administration and now the Bush administration, there would be no need to have a motion to instruct.

But, Mr. Speaker, I stand here tonight because there is little time to educate our colleagues as well as the American public because tomorrow we will have 632 pages that will never have been read and that will be forced down our throats and we will be asked to vote for something that truly will destroy Medicare as we know it.

We will be asked to give $12 billion to the HMOs without any explanation. We will be asked to tell the government that they cannot negotiate lower pharmaceutical prices, drug prices, for the Medicare program. What an outrage. We will be telling the government to spend all the money that is needed and not require it to get the best deal. We will not be giving the hospitals, all of the hospitals, the kind of moneys that they need as it relates to reimbursement. We will not be doing what the gentleman from Washington (Mr. INSLEE) has asked for identification payment.

We will, in fact, not allow seniors to reimport drugs where they have been doing it all along. And in actuality, to my good friends at AARP, and I consider them my good friends, I thought it was called now the ''American Association of Rich People,'' I would say to them the reason why they have 35 million members is because in 1965 President Johnson passed Medicare to give an extended life to those seniors who are now living.

So what this bill will do tomorrow when we vote on it is it will eliminate the sickest of our seniors, the oldest of our seniors, and the calculation is that by 2006 those seniors will be dead. So we will not to have to worry about them.

This is a bad bill; and to the American public, no matter how long we are on this floor, I thank the gentleman from Washington (Mr. INSLEE) for his leadership. We are educating 35 million AARP members. We will tell them the truth that this is a bad bill and the only reason they are still alive to have an AARP card is because we passed Medicare in 1965.

Mr. BILIRAKIS. Mr. Speaker, I reserve the balance of my time.

Mr. INSLEE. Mr. Speaker, I yield 1½ minutes to the gentleman from Ohio (Mr. STRICKLAND).

Mr. STRICKLAND. Mr. Speaker, I thank my friend for yielding me this time.

I continue to object to my friends on the other side referring to this as a bipartisan bill. They know that no Democratic Member of this House was allowed to participate in the negotiations.

And it is your bill, and you are going to have to live with it. The gentleman from Michigan (Mr. DINGELL), the gentleman from New York (Mr. RANGEL), the gentleman from Arkansas (Mr. BERRY), our representatives, were shut out; and you ought to recognize that. I think it is intellectually dishonest to refer to it as a bipartisan bill.

This bill was written by the pharmaceutical companies. Let me give the Members an example of why I say that. Two days ago, Secretary Thompson and the two Senators that participated, the Democratic Senators, met with the Blue Dogs in this House; and in that meeting they were asked why there is specific language in this bill that prohibits the Secretary from negotiating cheaper prices for our senior citizens. And one of those seniors spoke up and said it is in there because PhRMA insisted that it be in there.

□ 2000

Think of that. I hope the American people are paying attention, because this bill was written for and by the pharmaceutical companies and, sadly, my friends on the Republican side are supporting it, and they are going to have to live with it. I have gotten over 100 calls in my office today; only two of them have been in support of this flawed bill.

Mr. BILIRAKIS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I would remind the gentleman through the Chair that I am not sure what his definition of bipartisanship is, but a few years ago, we had a tort reform bill on the floor, and the most elderly Member in terms of service of this House had the bill on that side. He had one Republican cosponsor of that bill and continually, continually harped on it being bipartisan, bipartisan, bipartisan. I should think that two United States Senators, two United States Senators, I think one, maybe both ranking members of the appropriate committees, two out of 12 would be considered every bit as bipartisan as one out of 435.

I would also, additionally, remind the gentleman through the Chair that in addition to the other areas that I said that have been worked out on a bipartisan basis by all of the staffs, there were the Hatch-Waxman reforms and the reimportation and whatnot, and the gentleman from Michigan's (Mr. DINGELL) staffers were at every one of certainly the Hatch-Waxman reforms and the reimportations, as I understand it.

The point was made regarding the catastrophic. If memory serves me correctly, I believe I voted for that bill. How many of us, 400-some of us did. It turned out to have been the wrong thing to do, but 400 some. Bipartisan? My colleagues better believe it. I would suggest that if the gentleman were here at that time, he probably would have been part of the 400 and some that voted for that particular bill. That was a mandatory thing. This is voluntary. That was mandating on these people. This is voluntary.

I would just finish up my comments, Mr. Speaker, by reminding the people over there through the Chair of the AARP endorsement. AARP believes that millions of older Americans and their families will be helped by this legislation. Though far from perfect, the bill represents an historic breakthrough and an important milestone in the Nation's commitment to strengthen and expand health security for its citizens at a time when it is sorely needed. The bill will provide prescription drug coverage at little cost to those who need it most: people with low incomes, including those who depend on Social Security for all or most of their income. It will provide substantial relief for those with very high drug costs. It will provide modest relief for millions more.

It also provides a substantial increase in protections, protections for retiree benefits and maintains fairness by upholding the health benefit protections of the Age Discrimination and Employment Act.

The gentleman from Ohio who most recently spoke talked about some sort of a meeting which was held with PhRMA. I really do not know about that. I do not deny it took place. But I will tell my colleagues that there was a meeting held in the last couple of days where AARP appeared with the two Democratic Senators, and they wrote many of the provisions of this bill. I would not call this an AARP bill, I would not call this a Republican bill nor a Democratic bill. It is a bipartisan bill.

Mr. Speaker, I reserve the balance of my time.

Mr. INSLEE. Mr. Speaker, I yield myself such time as I may consume.

We have tremendous respect for the gentleman from Florida (Mr. BILIRAKIS). But what we are saying is the seniors of the greatest generation simply deserve better than this bill, and we ought to be capable of doing better, so that we do not have a bill that is too little and too late, we believe both.

Mr. BILIRAKIS. Mr. Speaker, will the gentleman yield?

Mr. INSLEE. I yield to the gentleman from Florida.

Mr. BILIRAKIS. Mr. Speaker, I agree with the gentleman, they deserve better. I agree with the gentleman, it is not perfect. But I would simply say to the gentleman that it will help an awful lot of seniors in the meantime. In the meantime, it will help a lot of seniors. The alternative is zero.

Mr. INSLEE. Mr. Speaker, reclaiming my time, we believe the alternative is a real Medicare prescription drug plan which we Democrats have offered and voted for.

Mr. Speaker, I yield 2 minutes to the gentlewoman from Ohio (Mrs. JONES).

Mrs. JONES of Ohio. Mr. Speaker, I too have a lot of respect for the gentleman from Florida (Mr. BILIRAKIS), and he has been very helpful in letting the issue of uterine fibroid research be heard, and I thank him for that.

But I have to differ with him on a few things, and one of those would be we are discussing this prescription drug benefit like it is going to happen tomorrow. I want seniors, if the bill passes, to understand it will not happen until 2006, so we are clear on that.

Mr. Speaker, I had a town hall meeting for my seniors and what they said to me is, they wanted a prescription drug benefit that would be fair, that would be guaranteed, and that would be affordable. I have been talking and talking about how I want it to be fair, guaranteed, and affordable and, as I review this bill, it is not that.

I am here talking on a motion to instruct because as a new member of the Committee on Ways and Means, I thought that my ranking member would have a chance to be in the meeting. Now, the reality is, the Democratic House Members were not included. We went to a meeting with the chairman, the gentleman from California (Mr. THOMAS), and he said, only those who are Members of the willing, or however the heck he described it, get to come to the private meetings of the conference committee. Our conference folks would get invited to the official meetings of the conference, but they would not be invited to the meetings where things that were accomplished in this bill were included.

History taught me that there is a Senate and then there is a House of Representatives and, true, those two Senators sat down with the Republicans, and they call it bipartisan, but they are not my Senators. We stand up as Members of the House, and we are entitled to participate in the process.

Mr. Speaker, I had Tom Scully in my district because I am truly concerned about what is happening in health care, and he came in and talked to my hospitals, and my colleagues heard what the hospitals said, and they got more money. And the doctors sat with Tom Scully, and my colleagues heard what they said, and they got more money.

My son Mervin is 20 years old and he uses the term, ''I ain't mad.'' And I ''ain't mad'' at the hospitals that they got money to be able to provide services. And I ''ain't mad'' at the doctors because I thought they should be paid more. But I am mad because my seniors are not getting what I thought they were entitled to, which is a guaranteed, affordable benefit. There is a gap in coverage, there are all kinds of things. I am running out of time, but I am here to speak on behalf of the 11th Congressional District. I ain't voting for this bill, and I ain't mad.

Mr. BILIRAKIS. Mr. Speaker, the gentleman has the right to close, as I understand it. I have no further speakers, so I yield back the balance of my time.

Mr. INSLEE. Mr. Speaker, I yield myself the remaining time.

I want to express my respect for the leadership of the gentleman from Florida (Mr. BILIRAKIS) on organ donation issues, which is an important matter as well. We appreciate his leadership of trying to improve the access of organs in organ transplant procedures. So we agree on quite a number of issues.

But I think we agree on a goal perhaps and not a direction in that he has indicated that he believes seniors do deserve better. And we believe seniors, in the bottom line of this debate, deserve better than this proposal for a couple of fundamental reasons. Reason number 1: this short-term, extremely modest potential benefit that may potentially help a few seniors includes the seeds of destruction potentially of the very foundation of their health care that this Nation has come to embrace since the early 1960s, and that is Medicare. In the premium support provision, which sounds like innocuous language that is in the bill, it is in the bill, and we all agree on that; it will be in bill. We do not know what page, because nobody has read this. It is going to be hundreds of pages and nobody will have read this probably until we are forced to vote on it less than 24 hours after the bill is passed; but nonetheless, that little innocuous provision carries the potential of the seeds of destruction of the guarantee of the Medicare program.

The reason I say that is it will, ultimately, foist on every senior, whether they want it or not, if it is implemented, under this bill, to face a situation where they will have to pay more and have less coverage than those in the private plans. And since the private insurance companies are extremely adept at marketing, they can have all kinds of bells and whistles to lure the healthiest people into their population, leaving the sickest in Medicare, those most in need of security and peace of mind, leaving their premiums to skyrocket and Medicare to go into a death spiral, as the analysts have predicted.

I am getting to a certain age; I am not as old as my dad and mom who I love dearly, but I think aging is tough enough. American seniors should not have to worry about the loss of the guarantee of Medicare. We should pass a Medicare prescription drug program that we have suggested on this side of the aisle, and work with my Republican colleagues to pass a true bipartisan bill.

The SPEAKER pro tempore (Mr. ROGERS of Alabama). Without objection, the previous question is ordered on the motion to instruct.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentleman from Washington (Mr. INSLEE).

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. BILIRAKIS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, and the Chair's prior announcement, further proceedings on this motion will be postponed.

MOTION TO INSTRUCT CONFEREES ON H.R. 2989, TRANSPORTATION, TREASURY, AND INDEPENDENT AGENCIES APPROPRIATIONS ACT, 2004

Mr. HASTINGS of Florida. Mr. Speaker, I offer a motion to instruct.

The SPEAKER pro tempore. The Clerk will report the motion.

The Clerk read as follows:

Mr. HASTINGS of Florida moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the Senate amendments to the bill H.R. 2989 be instructed to recede from disagreement with Senate Amendment 1928 (relating to the provision of $1,500,000,000 for grants to assist State and local efforts to improve election technology and the administration of Federal elections, as authorized by the Help America Vote Act of 2002).

The SPEAKER pro tempore. Pursuant to clause 7 of rule XXII, the gentleman from Florida (Mr. HASTINGS) and a Member of the majority each will control 30 minutes.

The Chair recognizes the gentleman from Florida (Mr. HASTINGS).

GENERAL LEAVE

Mr. HASTINGS of Florida. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on this motion to instruct conferees.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. HASTINGS of Florida. Mr. Speaker, I yield myself such time as I may consume.

Before I begin, Mr. Speaker, I want to take a moment to acknowledge the great work of so many Members to make election reform a reality in the 107th and 108th Congresses. First, the American people owe a large debt of gratitude to the Democratic whip, the gentleman from Maryland (Mr. HOYER), and the chairman of the Committee on House Administration, the gentleman from Ohio (Mr. NEY). Without them, the Help America Vote Act never would have passed and the possibility